



Iowa Child and Adult Care Food Program

Food Production Record for Contracted Meals

★ Center Name: _____

★ Date (Month/Day/Year): _____

Instructions: The food contractor should complete columns 1-3. Starred (★) items must be completed.

Number of Meals Ordered		★Actual Number of Meals Served				
Breakfast:			Bft	AM Snack	Lunch	PM Snack
AM Snack		Ages 1-2				
Lunch		Ages 3-5				
PM Snack		Ages 6-12				
School personnel indicate which menu planning system is used:		Participating Adults				
Yes No	Nutrient Based (Nu Menus)	Adults & Visitors				
Yes No	Food Based (Circle 1: Traditional or Enhanced)	Total Meals Served				

Meal	★Component (Write the Food to be Served) (Write USDA Recipe Number if used.) (1)	Planned Serving Size or CN Label Contribution (2)	★Total Amount Delivered (3)	Comments (e.g.: Leftovers, Food Temperatures at time of arrival)
Breakfast	Vegetable/Fruit/Juice		Cups/qts./lb.	
	Bread/Grain		Cups/# slices/oz.	
	Milk		Cups/qts./gal.	
AM Snack	Component 1			
	Component 2			
Lunch	Meat/Meat Alternate		Oz./lbs.	
	Vegetable/Fruit		Cups/qts./lbs.	
	Vegetable/Fruit		Cups/qts./lbs.	
	Bread/Grain (2 for adult participants)		Cups/# slices/oz.	
	Milk		Cups/qts./gal.	
	Other Foods			
PM Snack	Component 1			
	Component 2			

Signature of Person Responsible _____